

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE U.S DEPARTMENT OF ENERGY
AND THE REPUBLIC OF THE MARSHALL ISLANDS
MINISTRY OF HEALTH SERVICES

I. BACKGROUND

The Ministry of Health Services is responsible for the provision of health care in the Marshall Islands. Health policy is established by the Ministry and treatment and care is exercised through the Secretary of Health Services and its various Bureaus and Divisions throughout the Marshall Islands. As such, it is concerned with the administration and delivery of health care to all Marshallese.

The Department of Energy has had a medical relationship with the Marshallese since March 1954, at which time 253 individuals were exposed to radioactive fallout from a U.S. nuclear test. The DOE (formerly the Atomic Energy Commission) role was to render immediate aid to the exposed, determine the consequences to their health, and plan for the long-term management of their health care as a result of their exposure. This role has evolved into responsibilities that are described in various U.S. laws such as PL-95-134, 96-205, and more recently, 99-239.

The Compact of Free Association Act (PL 99-239) states, among other things, that the United States will continue to provide special medical care and related logistical support to the remaining exposed from Rongelap and Utrik Atolls (who at this date number 160).

II. STATEMENT OF OBJECTIVES

The Ministry of Health Services and the U.S. Department of Energy agree to the following joint objectives:

- A. General health care of the Marshallese remains the overall responsibility of the Ministry of Health Services. It is recognized that the DOE has special responsibility for the medical evaluation and treatment of the exposed. - clarify.
- B. The DOE, ~~through the Brookhaven National Laboratory,~~ will exercise this responsibility by conducting medical missions to the Marshall Islands on a regular basis (currently two per year) to examine and treat the exposed people of Rongelap and Utrik. Medical referrals and related treatment will be accomplished in accordance with the existing agreement between the DOE

and the 177 Health Plan, an agency associated with the Ministry of Health Services.

- C. DOE missions in the Marshall Islands will be ^{therefore} conducted in cooperation and coordination with the Ministry of Health Services as specified in Part III, below. This is in recognition of the Ministry's responsibility for ^{the provision} of health care and its desire to ensure that such care is planned and delivered within a coordinated, unified framework. *to the entire Marshallese population* *any health*
- D. The DOE, while only mandated to serve the unique medical needs of the exposed, will continue during its medical missions to assist the Ministry of Health Services in the discharge of its health care responsibilities to the Marshallese people, to the extent that time and staff resources permit.

defined population under the law

III. UNDERSTANDINGS

- A. It is understood that cooperation and coordination between both parties shall consist of the following elements:

1. Ministerial involvement in DOE ^{medical} mission planning by requesting the recruitment of medical specialists in accordance with local health needs and priorities. Such requests must be provided DOE ~~and/or BHL~~ no later than ninety days before the start of a mission. ~~DOE~~ will attempt to recruit the requested specialists to complement the medical team specifically selected for the mission. *in writing and to* *projected*

2. Ministerial participation in medical missions through a specific invitation from DOE requesting certain specialists and/or technical personnel to complement the DOE medical team. The Ministry may also propose medical staff to ~~accompany~~ DOE missions in accordance with its own needs and plans. When appropriate, DOE will accommodate such individuals on a space available basis and at costs not to exceed the RepMar local per diem level for the location in question. All such requests must be made no later than thirty days before start of a mission. *on*

3. The provision of Health Services medical translators and technical personnel at the request of the DOE to work with mission medical teams. DOE ~~will request~~ such individuals by number, medical skill, and gender no later than 60 days prior to a mission. Health Services will identify, select, and assign the requested personnel to accompany the mission ^{may} at its discretion. If Health Services is unable to accommodate the DOE request it will notify the DOE of its determination 30 days prior to the mission.

DOE
accompanyment by its

solely
DOE will assume costs for the transportation and per diem of requested RepMar personnel, ~~and~~ The Ministry shall be responsible for their travel authorizations and regular salaries. Per diem will be paid in accordance with DOE policies and rates. In addition, DOE shall pay each requested RepMar participant a daily stipend of \$15.00 while on a mission. *above and beyond the per diem rates.*

- does fit*
4. The medical records and information of patients shall be exchanged ~~when~~ necessary, with adequate attention and safeguards exercised to ensure their privacy and confidentiality. When the needs of the exposed population have been met, the DOE will make the services of its specialists available to and accept individual consults from Health Services at no cost to the RepMar. Each consultation request must be accompanied by an authorized referral document, relevant medical history and exam/problem work-up record. An individual's complete hospital record and chart shall not be necessary nor are they required by DOE. The DOE, through BNL, shall continue to provide Health Services with a copy of the examination and treatment record of each person seen on a mission.

5. The continued examination and treatment of individuals by DOE teams at Mejjatto and Utrik as may be requested through the local dispensary aide. The "island sick call" service is an ~~important~~ *mission* feature of the DOE mission and enables DOE ~~BNL~~ to assist *the* communities as well as the Ministry of Health Services ~~in supplementing health care~~. This service *(s)* ~~will~~ be provided by DOE free of charge. Health Services and 177 Health Plan participation in this element is welcomed and desired.

B. It is recognized and understood that the DOE and the Ministry have facilities and specialized equipment whose coordinated use and shared access will contribute to overall health care in the Marshall Islands.

1. The Department of Energy shall make its medical facilities and equipment (with operators) available during missions, as time permits, to assist the Ministry in providing health care and treatment to its citizens and residents. These facilities consist of the specialized rooms, laboratory, exam trailers, and x-ray van aboard the M. V. G W Pierce, and the laboratory trailer at Ebeye. They will be offered by DOE free of charge.

- L for use*
2. The Ministry of Health Services will make its facilities and equipment at hospitals, health centers,

and dispensaries available at no cost to support DOE missions in the field upon request.

IV. PROGRAM AUTHORITIES

Program authorities for the implementation of this Memorandum of Understanding are, for the Republic of the Marshall Islands, the Secretary of Health Services; and for the U.S. Government, the Director, Pacific Area Support Office, DOE.

Dept of Energy

V. CONCURRENCE AND REVIEW

This MOU must receive the review and concurrence of the RepMar Minister of Health Services prior to implementation.

The Memorandum of Understanding shall be reviewed and updated biennially by the program authorities or their designees.

Grace Plummer *12/18/90*
Grace Plummer Date
Director
U.S. DOE/PASO

Kinja Andrike *11/12/90*
Kinja Andrike Date
Secretary, Health Services
Rep. of the Marshall Islands

CONCURRENCE: *[Signature]* *12/06/90*
Minister of Health Services Date
Republic of the Marshall Islands